

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2014
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445296 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/21/2014 |
| NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 038 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to arrange exit access readily available at all times.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation in the corridor by the elevator equipment room on 1/21/14 revealed a door equipped with delayed egress, but did not have the proper signage. 2. Observation in the corridor by the elevator equipment room revealed two delayed egress doors in the path of egress. It was also observed that the doors to the stairway on the second floor were equipped with delayed egress, resulting in more than one delayed egress lock in the path of egress. <p>These findings were acknowledged by the Director of Plant Operations and the facility administrator during the exit interview on 1/21/14.</p> | K 038 | <p>K038</p> <ol style="list-style-type: none"> 1. CORRECTIVE ACTION Per TN licensed architect recommendation, a "Not an Exit" sign was installed by the Maintenance Director in the corridor by the elevator room on 2/12/14. Also, Per TN licensed architect recommendation, a "Not an Exit" sign was installed by Maintenance Director on the second floor center stairwell door on 2/12/14. 2. IDENTIFICATION OF OTHER RESIDENTS All delayed egress locks were assessed by the Maintenance Director on 1/21/14 to assure that no other locks have two delayed egress locks in the path of egress. 3. SYSTEMATIC CHANGES Maintenance Director to perform quarterly inspections to ensure that no two delayed egress locks are in the path of egress. 4. MONITORING OF CORRECTIVE ACTION Safety and QA/PI committee will assess the quarterly documentation from Maintenance Director. The Executive Director will monitor this process monthly to ensure continued compliance. | 2/17/14 | |
| K 147 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> | K 147 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF EAST RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE

1500 FINCHER AVENUE

EAST RIDGE, TN 37412

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|--------------------------|---|---------------------|--|----------------------------|
| K 147 | <p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system.</p> <p>The finding included:</p> <p>Observation on 1/21/14 at 11:51 AM revealed the electric panels in the 100 hall, next to room 208, and next to 223 in the corridors were not locked.</p> <p>This finding was acknowledged by the director of plant operations and the facility administrator during the exit interview on 1/21/14.</p> | K 147 | <p>K147</p> <ol style="list-style-type: none"> CORRECTIVE ACTION The Maintenance Director locked the electric panels in question on 1/21/14, and inspected all of the electric panels in the building the same day. New, stronger locks were ordered during the week of 2/3/14 and installed by Maintenance Director onto electrical boxes on 2/7/14. IDENTIFICATION OF OTHER RESIDENT No other electric panels were found to be unlocked at the time. SYSTEMATIC CHANGES Panels are being inspected weekly to ensure proper locking is taking place, as well as upon use of panels. MONITORING OF CORRECTIVE ACTION Maintenance Director will inspect panels weekly and present findings to QA/PI committee for 3 months. The Executive Director will monitor this process monthly to ensure continued compliance. | 2/19/14 |